

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26491

State File No. _____

Registrar's No. _____

AUG 13 1941
Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Grange
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME DANIEL PRICE ZIRSCHKY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Emilia 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 28 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 14 If less than one day
hr. _____ min. _____

9. Birthplace Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer (Retired)

11. Industry or business _____

12. Name Daniel Zirschky

13. Birthplace Germany
(City, town or county) (State or foreign country)

14. Maiden name Melanda Langston

15. Birthplace Ireland
(City, town or county) (State or foreign country)

16. (a) Informant Everett Birch

(b) Address Min Drive no.

17. (a) Burial (b) Date thereof 7-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rock Springs

18. (a) Signature of funeral director Myrtle Stapp

(b) Address Min Drive

19. (a) 6-30-41 (b) Bernie Montgomery
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wright
(c) City or town Grange
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1941 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from 7/8 to 7/12 1941;
that I last saw him alive on 7/8 1941;
and that death occurred on the date and hour stated above.
Immediate cause of death Flu Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. J. Ryan (M. D. or other) _____

Address Min Grange Date signed 7/16-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 841-1355

Date Filed AUG 9 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3166

P. O. Address 1111 1st Ave. N.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.